

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90034 029 ****61.25

DOCUMENT # N96000002602

1. Entity Name

**THE BOAT CLUB HOMEOWNERS ASSOCIATION, INC. AT
VILLA DANIELLE**



Principal Place of Business

P O BOX 5115
GULF BREEZE FL 32566

Mailing Address

P O BOX 5115
GULF BREEZE FL 32566

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3583374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOZIER, RON
2852 BOAT CLUB LANE
PENSACOLA FL 32503**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DOZIER, RON	
STREET ADDRESS	2852 BOAT CLUB LANE	
CITY - ST - ZIP	NAVARRE FL 32566	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FRIAR, GENE	
STREET ADDRESS	2850 BOAT CLUB LANE	
CITY - ST - ZIP	NAVARRE FL 32566	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHANDLER, LANE	
STREET ADDRESS	2870 BOAT CLUB LANE	
CITY - ST - ZIP	NAVARRE FL 32566	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JOHNSON, RALPH	
STREET ADDRESS	7848 LOLA CIRCLE	
CITY - ST - ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOZIER, RON	
STREET ADDRESS	2852 BOAT CLUB LANE	
CITY - ST - ZIP	NAVARRE, FL 32566	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ROBERT	
STREET ADDRESS	2866 BOAT CLUB LANE	
CITY - ST - ZIP	NAVARRE, FL 32566	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, LANE	
STREET ADDRESS	2870 BOAT CLUB LANE	
CITY - ST - ZIP	NAVARRE, FL 32566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ralph Johnson **RALPH JOHNSON**

2/05/05 **2/05/05** *850-936-7306* **850-936-7306**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #